

# STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Request for an extension  
on Class C Non Emergency for  
Valerie Wallace. Need extension  
to get vehicle up to required  
standards. Also asking for business  
name change to Total Care Transportation

## BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

### TRANSPORTATION COVER SHEET

#### DOCKET

NUMBER: 2014-47-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Valerie Wallace

Address:

826 Wing Stripe Ct  
Columbia Sc

Telephone:

(910) 544-9103

Fax:

Other:

803-553-6191

Email:

wallace.valerie23@abc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

### NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input checked="" type="checkbox"/> Request for Extension to Comply with Order  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

REQUEST FOR EXTENSION TO COMPLY WITH ORDER (ORS Rev 3-2-10)

File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

DATE: 05/26/13

The S.C. Public Service Commission issued a Certificate of Public Convenience and Necessity  
in Order # 2014-171 dated 03/04/14 for the following type of certificate:

- ☐ Class C Taxi    ☐ Class C Charter    ☐ Class C Charter Bus    ☒ Class C Non-Emergency  
☐ Class C Stretcher Van

Pursuant to that Order, the following carrier was given ninety (90) days from the date of the  
Order to comply with the requirements of certification.

Please consider this as a request for an extension until 11/04/14 to allow  
the following carrier to come into compliance. (DATE)

**EXTENSIONS ARE NOT EFFECTIVE UNTIL APPROVED BY THE PUBLIC SERVICE  
COMMISSION.**

Valerie Wallace  
(Name of Company)

D/B/A \_\_\_\_\_  
(If applicable)

826 Wing Stripe Ct  
(Street Address)

826 Wing Stripe Ct  
(Mailing Address, City, State, Zip)

Columbia SC 29229  
(City, State, Zip Code)

Valerie Wallace  
(Signature)

(910) 544-9103  
(Telephone Number)

Owner  
(Title) Owner, President, etc.

Reason for Request for Extension to comply with PSC Order:

I request a name change of my business to reflect  
"Total Care Transportation". I am requesting an extensi  
to ensure my vehicle is up to required standards.

## Janice.Schmieding

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**From:** Valerie Wallace <wallacevalerie23@yahoo.com>  
**Sent:** Tuesday, May 27, 2014 10:56 AM  
**To:** Janice.Schmieding  
**Subject:** Amended name change request

I faxed a Request for an Extension to Comply with Order No. 2014-171 issued March 4, 2014. Along with that request, I also asked for the name on my original Class C Non-Emergency application to be changed. This email is to clarify that I wish for the application name be amended to : Valerie Wallace DBA Total Care Transportation.

If you have any questions, you may contact by email or by phone at 910-544-9103.  
Thanks,  
Valerie